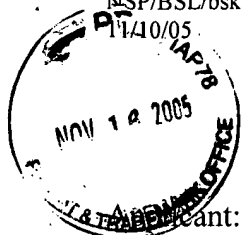
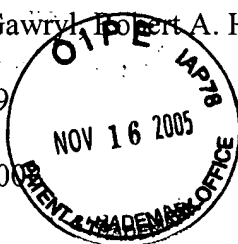


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NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Maria S. Gawryl, Robert A. Houtchens and William R. Light
Serial No.: 10/018,599 Group: 1654
Filed: May 22, 2005 Examiner: Anish Gupta
Confirmation No.: 8372



For: Preserving a Hemoglobin Blood Substitute with a Transparent Overwrap

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
11/11/05	Betsy S. Kirschner
Date	Signature
Betsy S. Kirschner	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 24, 2005 of the Examiner finally rejecting claims 1-9. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 24, 2005 for two (2) months from September 24, 2005 to November 24, 2005.
- ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
- ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

11/17/2005 TBESHRI 00000004 10018599 500.00 OP
01 FC:1401

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for two (2) months		\$ 450
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 500
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 950

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$950.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[]].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

N. Scott Pierce

Registration No.: 34,900

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Concord, MA 01742-9133

Date: 11/11/05